

10/564284

IAP20 Rec'd DTG WPTD 11 JAN 2006

Application Data Sheet

**Application Information**

Application Type::	National Stage
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of Copies of CDs::	0
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	EXTRACELLULAR VESICLES FROM NON-PATHOGENIC AMOEBAE USEFUL AS VEHICLE FOR TRASFERRING A MOLECULE OF INTEREST TO AN EUKARYOTIC CELL
Attorney Docket Number::	0512-1317
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	0
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: IRÈNE  
Middle Name::  
Family Name:: TATISCHEFF  
Name Suffix::  
City of Residence:: ORSAY  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 11, ALLÉE DESCARTES  
Address::  
City of Mailing Address:: ORSAY  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 91400

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: ANNETTE  
Middle Name::  
Family Name:: ALFSEN  
Name Suffix::  
City of Residence:: PALAISEAU  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 39, RUE CHARLES GOUNOD  
Address::  
City of Mailing Address:: PALAISEAU

State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 91120

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: FRANCOISE  
Middle Name::  
Family Name:: LAVIALLE  
Name Suffix::  
City of Residence:: ANTONY  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 59, RUE ADOLPHE PAJEAUD  
City of Mailing Address:: ANTONY  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 92160

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/IB2004/002265	7/13/04

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	03291752.8	7/15/03	Yes

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::